

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT'S	10/088596			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3							53			
4	21						54			
5	8						55			
6	1						56			
7	21						57			
8	8						58			
9	8						59			
10	1						60			
11	1						61			
12							62			
13							63			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45	2						95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	9						TOTAL DEP.			
TOTAL CLAIMS	11						TOTAL CLAIMS			